PATIENT EDUCATION

Constipation during radiation and cancer care

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is constipation in this setting?

Constipation means stools that are hard, infrequent, or difficult to pass. During cancer care it is often from pain medicines, 5-HT3 nausea pills, less movement, less fluid, or a change in diet — not only from the radiation beam. Pelvic treatment can also make you hold stool because of urgency or soreness.

What you may notice

- No bowel movement for two or more days when that is not your norm
- Straining, small pebble-like stools, or a sense of blockage
- Bloating, cramps, or nausea that improves after a stool
- Leaking liquid stool around a hard mass (overflow) — this still needs care

First-line care for everyone

Drink regularly. Move each day if you can. Add fiber **slowly** if you are not already cramping. Many people on opioids need a scheduled stool softener and a stimulant laxative from day one — waiting until you are blocked is harder. Confirm the pair with your clinician; do not start a new regimen if you have bowel obstruction warnings.

Where CureRays may fit. If you take opioid pain medicine, ask for a bowel plan the same day — do not wait. Your team will choose products that fit kidney function, heart drugs, and any recent abdominal surgery.

What you can expect

- A written “if no stool by morning, take X” ladder is safer than guessing
- Suppositories or enemas are only after a clinician says they are safe for you
- Radiation itself is not a reason to ignore constipation — it is treatable

Clinic OTC teaching (confirm with your nurse)

- **Senokot (senna) 8.6 mg.** Teaching start is often 2 tablets once daily. Your team may increase up to 4 tablets twice daily if that is safe for you.
- **Colace (docusate sodium) 100 mg.** Often 1 to 3 capsules a day, once or split.
- **Milk of Magnesia (magnesium hydroxide).** Often 30 to 60 mL (2 to 4 tbsp) once daily or split. Drink a full 8-oz glass of water with each dose. Ask first if you have kidney disease.
- **MiraLAX (polyethylene glycol 3350) 17 g.** The bottle cap is the measure — fill to the top of the white section (17 g). Stir into 4 to 8 oz of beverage. Once daily.
- Do not start this ladder if you have vomiting, a hard swollen belly, or a known blockage. This is clinic teaching, not a dosing authority.

When to call the clinic

- No stool for three days plus vomiting or a swollen, hard belly
- Severe pain, fever, or you cannot pass gas
- Blood, black stools, or dizziness
- You are on pain medicine and the written bowel ladder is not working

Questions to ask

- What stool softener and laxative should I take while I am on pain medicine?
- Is a rectal suppository safe after my pelvic radiation or surgery?
- How much fluid is right if I also have heart or kidney disease?
- When would you check for a blockage or do an exam?

How to schedule or learn more

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